

JONES (Mary Dixon)

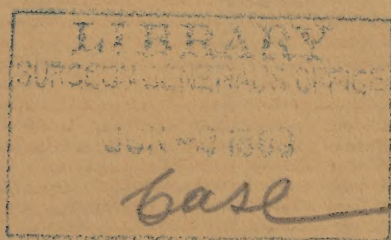
PERSONAL EXPERIENCES IN LAPAROTOMY.

BY

MARY A. DIXON JONES, M.D.

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Reprint from the MEDICAL RECORD, August 7, 1897



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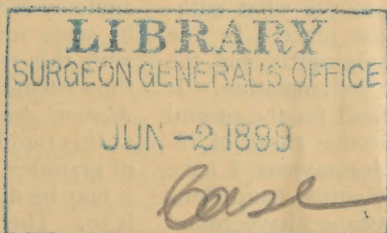
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By MARY A. DIXON JONES, M.D.

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My cases come within the period 1879 to 1889. I will now give my work, all that I have attempted or performed. My first case was that of a patient brought me from Maine by her husband; the tubes and ovaries were wrapped in a mass of disease. At the time it occurred to me that as these organs were incurable, and could be of no possible utility, they should be removed. This was the thought that forced itself upon me. I had not then heard of "Tait's operation" or of "oöphorectomy." So entirely engrossed had I been with my own practice that my medical journals were unopened, nor did I have time to think of the advance of surgery in any direction; but this procedure seemed so right, so self-evident, that I should have proposed it, had not attention, as I learned, been already called to it.

I invited Prof. B. F. Dawson to see this patient with me, and on the day of the operation, imagining she might have a better chance if Professor Dawson performed it, I invited him to do so, and he kindly complied. So now, when it comes to the arithmetic of statistics, I cannot put this, my first patient, on my list. Dr. Dawson reported the case to the New York Obstetrical Society¹ and before his class in the New York Post-Graduate School, presenting the specimens on each occasion.

My first laparotomy was performed October 18, 1884. The patient was brought to me from Connecticut by her parents, in June, 1884. She had been an invalid seven or more years—once she did not leave her bed for a period of eighteen months. After examination I informed the parents that I did not believe any amount of treatment would restore the organs to health, and that nothing would cure or relieve the patient but the removal of the hopelessly diseased structures. Still I advised treatment to see if an operation could not be avoided, or at least to get the patient in better condition. Careful and continuous treatment I gave this patient for four months; she may have improved somewhat in general condition, but I believe the organs were growing worse all the time, and in my report of the case I said the operation should have been performed years before; and now I say of her, as I can say of many or most of the patients in this list, that if she had not had the operation, she would long since have been in her grave.

My second case of laparotomy was for bleeding myoma. The patient came from Maine to see me, March, 1885, and on May 19th I removed the uterine appendages. She made a most happy recovery. Subsequently with the microscope I studied carefully the tubes and ovaries of this patient, to see what pathological changes might have taken place. In the tubes I found chronic interstitial salpingitis, and the ovaries were in acute and subacute inflammation. It was in the ovaries of this patient that I for the second time recognized diseased ova. In other cases of removal of the uterine appendages for myoma, I have made a thorough study of the pathological conditions of the appendages, and in every instance have found in them profound and chronic disease; so that I remarked, in an article in the *New York Medical Journal* of September 1, 1888, that in cases of fibroid of the uterus the tubes and ovaries were always so diseased that on that account their removal was demanded; and that probably this disease of the appendages caused the development of the myoma. Of this I have, from subsequent research, become more convinced.

My third case of laparotomy was also for a helpless invalid, who for fifteen years had been suffering and

had been refused admission into two hospitals, having been informed at one institution that "the hospital did not receive incurables." I admitted the patient into my private hospital. She made a most excellent recovery.

Every patient in the following list of laparotomies has an interesting history. The cases are from my private practice, from two dispensary clinics, and six patients were sent me by physicians. One of the dispensaries referred to had from eight to twenty patients daily, the other had from twenty to forty-five; and, what is a singular circumstance, in the first dispensary I seldom found a case of "pus tubes," while in the second I had them every day, and have counted in one clinic as many as seventeen patients with this disease. We could not possibly operate on all who needed operation, so for my cases I selected the patients who seemed physically to be in the most serious or dangerous conditions; and thus it transpired that I, without understanding the disease, had many cases of endothelioma of the ovary—a disease which I was first to recognize, and which at the time I submitted to the kindly consideration of the medical profession. Few diseases make such serious inroads upon the system, cause more pain, or have more pronounced symptoms. There are marked emaciation and, in advanced cases, almost the cadaveric hue of cancer or consumption, and a general cachexy of the system. The first patient in whom I recognized this disease was one on whom I had operated on June 25, 1885. Dr. Charles Heitzmann, in looking at the long protoplasmic masses of this growth, at first pronounced it "sarcoma," and subsequently said: "We shall have to term it either endothelioma or alveolar sarcoma."

The next case in which I found this disease was that of a patient on whom I operated for the removal of the uterine appendages, May 10, 1887 (Case No. 23). This patient was so emaciated, so cadaveric, that I at first thought she had phthisis, or, more likely, cancer of the liver. I presented the uterine appendages before the New York Pathological Society the same month, and, subsequently, microscopical slides of the growth. Also, Prof. Mitchell Prudden, then president of the society, at my request took a small section from each of the ovaries of this patient, and had them mounted in his laboratory. He wrote me it was "carcinoma," also sending a slide so labelled. I sent a microscopical slide of these ovaries, mounted by Dr. Louis Heitzmann, to Professor Waldeyer, of Berlin. He replied, October 18, 1887, that "the growth is carcinoma;" and certainly, in studying the minute anatomy of this growth I could readily believe it might be some form of cancer. I am still more impressed with this when I see the effects of the disease upon the system, as I said in an article in the *New York Medical Journal*, September, 1889: "When we look at this rapidly growing formation and the great masses of granules, the impression forces itself upon us that it may be malignant. Future investigation may prove it so. The cancer epithelia do not multiply more rapidly, or destroy the tissues more surely, or seem more threatening or monstrous in their appearance and growth."

While in this list I have included all my cases of laparotomy, whether for splenectomy, hysterectomy, or ovariectomy, yet most of the operations were for the removal of "diseased uterine appendages." Some eminent surgeons, as they have thought proper, have removed the uterine appendages for "ovaralgia," "dysmenorrhœa," and various nerve conditions; but I never could accept this idea. I have all the time maintained that whatever might be the symptoms, local or constitutional, the tubes and ovaries should not be re-

¹ May 15, 1883. *American Journal of Obstetrics*, 1883, p. 1, 192.

moved except for profound disease of the organs themselves, when they are incapable of being restored to health, and when their remaining becomes a positive injury to the system. I said in 1888,¹ and now repeat: "I have never operated on a case but I had full and substantial reasons to diagnose incurable disease of the appendages;" in the same article declaring: "I would not remove the uterine appendages for mental or neurotic diseases unless I believed the appendages were diseased," and the disease absolutely demanded their removal. I have even hesitated in some instances to remove the uterine appendages when they were profoundly diseased, and when there were indications even apparently necessitating an immediate operation. A patient, twenty-three years old, entered the Woman's Hospital, July 5, 1887. One ovary was enlarged to the size of a small orange and bound in on all sides by adhesions; the tubes gave evidence of pyosalpingitis. But this patient had had a child thirteen months before! If these organs are capable of these functions, why not leave them? Any one might have known that with conditions existing as they were in this woman it was impossible for conception to take place; but I wanted to give her the millionth part of a chance, so sincerely do I congratulate a woman who has children. The patient was in the hospital forty-six days and everything was done to improve her condition; she seemed in many respects much better and comparatively comfortable, so on the 20th of August I dismissed her from the hospital and sent her home. As soon as she commenced to be on her feet and go around, she realized that her sufferings were just the same, and just as intolerable. She returned to the hospital three days afterward, and again begged that the operation might be performed. In due time it was done. This is Case No. 33. The patient was in a dangerous condition, and should, when first in the hospital, have been operated upon without delay. Not only was there destructive disease of the tubes, but a blood cyst in the left ovary was in immediate danger of rupturing, with possibly fatal results. Besides, to show still more plainly how futile was the delay, every ovum in both of her ovaries was in helpless ruin.

Another patient to whom I tried in the same way to give the possibility of a chance—subsequent events proving it was quite as useless—entered the Woman's Hospital of Brooklyn, March 21, 1888. Hoping to save the tubes and ovaries, I gave her special local and constitutional treatment. She improved, and we dismissed her April 17, 1888. After returning home she realized that her trouble was still there, and of her own accord she returned to the hospital in four days, and again requested that the diseased organs be removed. This is Case No. 59. In this instance also I realized that it was not only a useless but a dangerous delay.

In September, 1888, Dr. B—, of Bridgeport, Conn., brought a young woman, twenty-six years old, married three years, and without children. In my report of this case, in the *Pittsburg Medical Review*,² October, 1889, I said: "It seemed so extremely sad for one so young and so lately married to be deprived of all chance of the sacred privilege of motherhood, that I suggested to Dr. B— that the patient return home and have the cervix dilated and the antelexion corrected, and thus give her, if possible, a chance." The patient at once objected to any delay, insisted upon immediate relief, and the physician added: "Treatment has been tried." This is Case No. 69. There was immediate demand for the operation. The pathological conditions showed that it should have

been done without delay, even before the time the patient visited me.

In every case that I have operated on I have, in studying the pathological specimens removed, become more impressed that not only was there, in each instance, a necessity for the operation, but in each one it should have been done at an earlier period than it was performed. The great danger in these conditions is delay; and this delay is an injustice and a loss to the patient. As to delaying these operations for a possible conception, in every one of these patients, as was subsequently demonstrated, all capability of any physiological functions of the tubes and ovaries was destroyed by the existing disease; and in every one this complete destruction was still further emphasized by finding in the ovaries of each, as far as examined, only diseased and ruined ova.

In some, even of young women, I found complete destruction of these important structures, not one egg in either ovary; thus giving new proof of and new insight into what I said in 1886,¹ and repeated September 28, 1889:² "The disease that caused the suffering has also produced a profound sterility." After careful study into the pathology of every specimen I have removed, I again repeat, as was my impression on the first examination of the various patients, that not only was there a necessity for the operation, and that in each case the operation should have been done at an earlier period, but in every instance, as I told the patient, there was no capability or possibility of conception. My stereotyped expression, repeated to many, was: "With or without the operation, you can't have children." The operations were done to save life, and if possible to restore to health and active usefulness.

Of all the cases, there were of pyosalpingitis seventy-nine. Not only did the tubes contain pus, but their walls, as I afterward demonstrated, were more or less destroyed by suppurative inflammation. The ovaries were equally diseased. These all involved difficult and dangerous operations.

There were two operations for cystoma, or ovariectomy. Probably these were the least difficult of all the operations in the list; even the removal of a cystoma that contained over sixty pounds of fluid (Case No. 89) was in no way a difficult operation and was performed with great ease and celerity. Yet a writer uses this expression:³ "I have long entertained the opinion that ovariectomy is the most difficult operation in the whole field of surgery." I must differ from the writer, for I have long maintained the belief that ovariectomy generally is one of the least difficult operations of abdominal surgery. Duncan says:⁴ "It cannot be too strongly enforced that removal of the appendages for chronic disease is, in most cases, much more difficult than performing ovariectomy." Dr. G. Bantock says:⁵ "Difficulties far exceeding those of nine out of ten of the ordinary run of ovariectomy." Sir Spencer Wells on the same occasion: "It is more difficult than ordinary ovariectomy." Dr. A. Martin, of Berlin: "The operation is not only difficult, but dangerous." Lawson Tait: "It is in almost all instances a difficult operation, sometimes one of exceeding difficulty." Dr. L. S. McMurtry⁶ gives his testimony: "To remove pus tubes and adherent ovaries is among the most severe tasks of operative surgery." And Dr. Thomas Keith, nearly thirty years before, said: "There is no

¹ MEDICAL RECORD, August 21, 1886, p. 198.

² New York Medical Journal, September 28, 1889, p. 337.

³ A. J. C. Skene: Proceedings of the Medical Society of the County of Kings, June, 1883, p. 222. "Diseases of Women," p. 510, 1888.

⁴ British Medical Journal.

⁵ Transactions of the International Congress, 1881, p. 294.

⁶ Southern Surgical and Gynecological Transactions, 1889, p. 202.

¹ American Journal of Obstetrics, February, 1888, p. 158.

² Page 301.

mystery in ovariectomy; it is not a difficult operation."

But certainly there is often great difficulty, and mystery too, in leading out diseased uterine appendages from a complexity of dense adhesions. So difficult is this that Dr. Thomas Savage, of Birmingham, said¹ that in five of his forty cases he was unable to do anything beyond the simple abdominal section, on account of the strength and character of the adhesions; adding: "In others I was obliged to leave behind a part of one ovary at least." Dr. C. E. Penrose, in reporting eleven cases, remarked: "In one case I found it impossible to remove the left tube and ovary, they were so firmly adherent." A similar record has been made by many great surgeons.

In this list there was one case of cancer, No. 55, carcinoma on the floor of the pelvis,² and the cancerous material had infiltrated the tubes and ovaries. At the time of the operation, March 19, 1888, so convinced was I of the malignancy of the disease and the hopelessness of the case, that immediately I informed the husband that the patient probably would not live three days. But she did so well and made so good a recovery that I dismissed the idea of malignancy until the following December, when, in due course, studying the pathology of this specimen, I found that it was not only cancer, but cancer of the most malignant type. In the specimen there were really three forms of cancer—scirrhous, adenoid, and medullary.

Further, in studying this pathological specimen, it was seen for the first time and clearly demonstrated that the indifferent or medullary corpuscles were changing to large polyhedral epithelia, and forming cancer nests. This change of inflammatory corpuscles to cancer epithelia had never before, so far as I know, been observed or mentioned. It was a startling thought.

Also in this specimen there was revealed the interesting fact that the lymph vessels carry the cancer epithelia. This had long been supposed to be the case, but so far as I know had never before been verified or demonstrated. Under high powers of the microscope the lymph vessels were clearly seen to be largely dilated and carrying their burden of cancer epithelia. It was a revelation!—marvellous!—to see these vessels so crowded and so infinite in number!

Another fact to be noted: This patient had suffered for years with the continued distress and irritation of diseased uterine appendages. If, ten years previously, these organs—even then profoundly diseased—had been removed, the unfortunate woman might have been saved not only the infection of her system from the diseased tubes and ovaries, but the subsequent development of cancer.

Dermoid cysts, one case (No. 34). This was one of the most difficult and dangerous of the whole list of operations. The case was reported to and the specimens were presented before the New York Pathological Society, September 28, 1887. Dr. William Goodell said:³ "In my experience dermoid cysts are very apt to have firm and extensive attachments, which make their removal far from easy." Dr. Thomas Keith reports a dermoid cyst;⁴ so far as I could make out the conditions, they were very similar in every respect to those in my case—ovaries in each universally adherent. The operation performed by Dr. Keith lasted three and one-half hours, and the patient died thirty-six hours later. In my case of dermoid cyst the patient made a rapid recovery, and subsequently had good health.

The number of cases of abscesses of, or connected

with the ovaries was twenty-eight. Dr. Lawson Tait said: "In a majority of instances probably death occurs from the rupture of the abscess into the peritoneum." He reports¹ one case before the British Gynecological Society, and says: "Operation extremely difficult, and hemorrhage severe."

Intraligamentous cysts, one case (No. 62). Dr. Goodell says:² "Intraligamentous cysts present grievous complications, which tax the pluck and skill of the operator to the utmost." Dr. Paul F. Mundé says:³ "They are to me the most formidable tumors of the uterine appendages; three out of five deaths after laparotomy occurred in intraligamentous cysts." My patient (No. 62) made a rapid recovery.

Endothelioma, twenty-two cases. This is a more frequent and a more serious disease than many imagine, not only causing much suffering but being destructive to health. I believe an untold number of women have died from this disease or from the complications arising therefrom.

Of hæmatoma, the outcome of endothelioma, there are ten cases. Dr. Howard Kelly, before the Obstetrical Society of Philadelphia,⁴ exhibited a specimen of hæmatoma of the ovary with adherent Fallopian tubes, remarking: "The hæmatoma is about the size and shape of a large Spanish chestnut. The indications for operative interference, after I had made my diagnosis, were greater than in the case of any large ovarian cyst I have ever seen, and the prospects and results of any form of palliation were futile. Almost the whole of this large ovary is filled with a bloody cyst." Dr. A. P. Dudley reported to the New York Pathological Society⁵ a hæmatoma of the ovary, occupying nearly the entire organ, for which previous to its removal he had "for a year adopted every variety of general internal treatment, with external applications, but the woman was not in the least relieved." Dr. Boldt has reported a rupture of hæmatoma, or blood cyst, and states that but for immediate operation death would have ensued. Dr. R. H. Reed says:⁶ "Early surgical relief is the only safe and reliable course of treatment." Dr. R. A. Murray reported a hæmatoma of both ovaries,⁷ saying: "There was an extreme amount of adhesions, which rendered the operation most difficult, prolonging it three hours."

Gyromatous cysts, eight cases. Gyroma is another disease which I was first to recognize. These cysts have hard, firm walls, sometimes in waxy degeneration, or in intense inflammation, or again are being reduced to firm fibrous connective tissue—in any state necessarily compressing delicate nerve fibre, and giving rise to various neuroses and reflex irritations.⁸ As I said in the *New York Medical Journal*, May 10, 1890: "The irritation of these hard, firm growths amid the delicate tissues of the ovary not only causes pain, but, if anything would produce cancer of the ovary, the continued irritation of these nodular masses would seem to be sufficient."

Blood cysts, also the outcome of endothelioma, twelve in number. From their nature, growth, and mode of development, blood cysts are most serious conditions, constantly causing great pain and distress, and ever there is an increasing danger of their rupturing into the peritoneal cavity, possibly with fatal results.

In every case of blood cyst that I have had, I have carefully examined with the microscope all other portions of the ovary, and in every instance have found all profoundly diseased, no normal tissue in

¹ British Medical Journal, May 8, 1886, p. 881.

² Medical News, January 29, 1887.

³ American Journal of Obstetrics, January, 1888, p. 15.

⁴ February 4, 1886. ⁵ October 26, 1887.

⁶ Cincinnati Lancet-Clinic, January 28, 1890, p. 775.

⁷ Medical Record, January 18, 1889, p. 79.

⁸ American Journal of Obstetrics, February, 1888, p. 158.

¹ British Medical Journal, October 19, 1878, p. 590.

² Medical Record, March 11, 1893, p. 292.

³ Medical News, March 11, 1885, p. 316.

⁴ British Medical Journal, October 19, 1878, p. 591.

Number.	Name.	Age.	State.	Number of Children.	Date of Operation.	Place.	Pathological Conditions.	Operation.	Who Present.	Adhesions.	Result of Recovery or Death.	Remarks.	Where Reported.
1	Miss A. Corning.	20	S.	0	Oct. 11, 1884.	Her home.	Pyo-interstitial salpingitis. Uterus in extreme retroversion; ovaries enlarged six or eight times their normal size, dislocated downward, and exceedingly tender; intense oöphoritis, in many places commencing suppuration; ova diseased and ruined.	Removal of uterine appendages.	Drs. W. G. Wylie, J. H. H. Burge, C. N. D. Jones, J. Merritt.	Yes.	R.	The patient said she had been sick for seven years; once did not leave her bed for eighteen months. Suffered with extreme pain. It would have been better for the patient if these diseased organs had been removed years before.	N. Y. Med. Rec., April 16, 1885; N. Y. Med. Jour., May 10, 1891; Buff. Med. Jour., Nov., 1892, and Surg. Jour., Nov., 1892.
2	Mrs. O.	35	M.	2	May 23, 1885.	My private hospital.	Bleeding myoma. Intramural and two subperitoneal fibroids; salpingitis; ovaries more than three times their normal size, and projecting from each one a cyst the size of a hen's egg; acute and subacute oöphoritis; few ova and these diseased.	do.	Drs. C. C. Lee, C. N. D. Jones, S. King, E. J. C. Minnard.	Yes.	R.	The patient made a rapid recovery; sixth day, pulse and temperature normal; twenty-fifth day she left the hospital. When last heard from she was in excellent health.	N. Y. Med. Rec., Aug. 21, 1886.
3	Miss S. McN.	35	S.	0	June 25, 1885.	Private hospital.	Endothelioma, or alveolar sarcoma of the ovary. Tubes dilated and closed at their fibrinated extremity. For fifteen years the patient had suffered with lacerating pains in the pelvis.	do.	Drs. W. G. Wylie, C. N. D. Jones, S. King.	Slight.	R.	Many thought the patient would not survive the operation, but after it was performed she gained rapidly in health, strength, and vigor.	N. Y. Med. Rec., Aug. 21, 1886.
4	Mrs. I.	23	M.	0	Oct. 31, 1885.	do.	Pyo-interstitial salpingitis. The transparent attenuated walls of the pus tubes seemed ready to burst; they were bound by firm adhesions to the enlarged and diseased ovaries.	do.	Drs. W. G. Wylie, C. N. D. Jones.	Yes.	R.	The patient had constant pain and soreness in the pelvis; seven years she had suffered; she made an excellent recovery. The husband wrote that "she could not have imagined she would ever be so well."	N. Y. Med. Rec., Aug. 21, 1886.
5	Mrs. McK.	36	M.	0	Dec. 10, 1885.	do.	Pyo-interstitial salpingitis. Ovaries small, hard, and nodular; almost the whole normal structure was replaced by cicatricial tissue; endothelioma of the ovary; abscess near the peritoneum.	do.	Drs. C. N. D. Jones, Carey, E. J. C. Minnard.	Yes.	R.	Epileptic attacks at every monthly period; patient made an excellent recovery, was up and around at the end of the second week, and when last heard from had no return of the symptoms.	do.
6	Mrs. D.	21	M.	0	Jan. 1886.	do.	Pyo-interstitial salpingitis. In the left ovary an abscess occupying nearly the whole structure; right ovary in a state of intense oöphoritis.	do.	Drs. W. G. Wylie, Jones, Ingalls.	Yes.	R.	Patient wrote March 2, 1886: "I am feeling perfectly well, never felt better."	do.
7	Mrs. S.	26	M.	2	Feb. 10, 1886.	do.	Pyo-interstitial salpingitis. Each tube was bifid, and had two distinct sets of fimbria; ovaries atrophied, and in a state of acute and subacute oöphoritis.	do.	Drs. C. N. D. Jones and Ingalls.	Yes.	R.	The patient had suffered five years great pain and distress; not able to attend to her household duties; she made an excellent recovery from the operation; third day, pulse and temperature normal, and since she has had excellent health.	do.
8	Miss E. S.	..	S.	0	March 31, 1886.	do.	Uterus anteverted and bound down by adhesions; tubes in a state of salpingitis; ovaries in acute inflammation; the right one contained a hematoema.	do.	Drs. Jones and Ingalls.	In-Yes.	R.	The patient had been suffering for five years; the operation was attended with great difficulty on account of firm and dense adhesions.	do.
9	Miss B.	..	S.	0	April 6, 1886.	do.	Pyosalpingitis. Abscess in right ovary; oöphoritis; waxy degeneration of the arteries.	do.	do.	Yes.	R.	For five years patient had suffered with almost constant pain in the pelvis; by operation she was relieved of her suffering and restored to health.	do.
10	Mrs. C.	..	M.	0	June 29, 1886.	Woman's Hospital of Brooklyn.	Pyo-interstitial salpingitis. Ovaries enlarged to three and one-half inches in diameter, each one containing a blood cyst, the rest of the tissue in intense inflammation; in many sections no ova, and the few found were in intense inflammation or waxy degeneration.	do.	Drs. C. N. D. Jones and Caroline Pease	.....	.....	The ovaries and tubes were bound down by dense firm adhesions; the patient made an excellent recovery.	N. Y. Med. Rec., Aug. 28, 1885, p. 252.
11	Miss G.	..	S.	0	July, 1886.	do.	Chronic interstitial salpingitis. Peritonitis; suppurative oöphoritis; destruction of the Woman's Hospital with septic peritonitis; the tubes contained pus, and the ovaries were in suppuration.	do.	Drs. C. N. D. Jones and Samuel King.	Yes.	R.	The patient suffered great pain, was unable to work; after the operation she had excellent health.	do.
12	Mrs. S.	..	M.	0	July, 1886.	do.	The patient was brought to the Woman's Hospital with the right ovary containing an abscess was enlarged to three inches in diameter and dislocated low down in Douglas cul-de-sac; ecchiasis of the lymph vessels; much of the stroma was transformed into a fine globular hyaline mass; ova were destroyed.	do.	.....	Yes.	R.	Before the operation the patient suffered constant and intense pain in the pelvis and was not able to perform her daily duties; after the operation she was well and vigorous; third day, pulse and temperature normal.	N. Y. Path. Soc., March, 1887; Am. Jour. Obst., Feb., 1888.
13	Miss S. S.	..	S.	0	Jan. 22, 1887.	do.	Salpingitis. Gyromatous cysts; intense oöphoritis; in the dense walls of the gyromatous cysts were found imprisoned delicate nerve fibres; all ova were diseased, some in waxy degeneration.	do.	.....	Yes.	R.	The patient had been sick for years; after the operation her health was excellent.	do.
14	Miss Katt.	..	S.	0	Jan. 26, 1887.	do.	Interstitial and catarrhal salpingitis. Ovaries enlarged, exceedingly sensitive, and low down in Douglas cul-de-sac; endotheliomatous growths extending to the periphery of the ovary; intense oöphoritis; no ova; blood-vessels waxy.	do.	.....	Yes.	R.	The patient recovered from the operation without a bad symptom; at the end of the third week was able to assume the burdens of her household duties; March 20, 1887, she was the picture of health, suffering no distress, strong, and able to work; in July, 1886, she had so improved that her physicians did not recognize her.	N. Y. Med. Jour., May 10 and 17, 1890, case 7; Am. Jour. Obst., Feb., 1888.
15	Mrs. L.	36	M.	0	Jan. 28, 1887.	do.	Bleeding myoma of the uterus. Hemorrhage for the last five months without a day's intermission, appendages diseased; inflammation of the ova and salpingitis.	do.	.....	Yes.	R.	The patient made an excellent recovery; said "she had Am. Jour. Obst., Feb., 1888, not been so well for twenty years."	do.

PERSONAL EXPERIENCES IN LAPAROTOMY.

Number.	Name.	Age.	State.	Number of Children.	Date of Operation.	Place.	Pathological Conditions.	Operation.	Who Present.	Adhesions.	Result, Recovery or Death.	Remarks.	Where Reported.
17	Mrs. N.	..	M.	3	March 14, 1887.	Woman's Hospital of Brooklyn.	Suppurative parenchymatous salpingitis. Ovaries in intense inflammation; in some places commencing suppuration; large gyromatous cysts; endotheliomatous growths; ova diseased and ruined.	Removal of uterine appendages.	.....	Yes.	R.	The uterus retroverted; the appendages enlarged, sensitive; and low down in Douglas' cul-de-sac; the patient made an excellent recovery; the temperature the second day after the operation was three-fourths degree better than the day before, and the third day it was normal, which it had not previously been for months. Her whole system was becoming septic; she made an excellent recovery.	Am. Jour. Obst., Feb., 1883.
18	Mrs. M.	..	M.	1	April 6, 1887.	do.	Chronic interstitial salpingitis. Peritonitis; acute and subacute oophoritis.	do.	.....	Yes.	R.	do.	do.
19	Miss C.	28	S.	0	April 11, 1887.	do.	Each ovary enlarged into a blood cyst. Endothelioma changing to angiomata and hematomata; remaining tissue of the ovary was in intense inflammation; only two ova were found, and they were in waxy degeneration.	do.	.....	Yes.	R.	The patient suffered for years with intense pain in the pelvis; after the operation she gained in strength, health, and flesh, and wrote, June 4, 1889: "I am in perfect health, after fifteen years of suffering."	N. Y. Med. Jour., Sept. 28, 1889; Buff. Med. Jour., Nov., 1892.
20	Mrs. F.	..	M.	0	April 15, 1887.	.....	Pyo-interstitial salpingitis. Suppurative oophoritis; tubes were enlarged and contained pus; small abscess in the walls of the tubes; tubes and ovaries bound down by dense adhesions.	do.	.....	Dense and thick.	D.	The patient had been sick twenty years; had had repeated attacks of peritonitis, and specific constitutional disease rendered her whole system septic.	do.
21	Mrs. F.	..	M.	2	April 15, 1887.	do.	Blood cyst in the ovary. Endothelioma; intense oophoritis; waxy degeneration of the ova; mental disturbance.	do.	Dr. C. N. D. Jones.	Adhesions.	R.	The patient had suffered for some years, was unable to attend to her household duties; after the operation she regained her health and improved in mental condition.	N. Y. Path. Soc.
22	Mrs. F.	..	M.	2	April 25, 1887.	do.	Pyo-interstitial salpingitis. Pelvic peritonitis; right ovary and tube were high up and adherent; left ovary and tube also fixed by firm adhesions, and in some places bound to the colon and to the appendix vermiformis. In the ovary, endotheliomatous growths, gyromatous cysts; intense oophoritis; ova in waxy degeneration.	do.	do.	Dense.	R.	For five years the patient had suffered intense pain in the pelvis; she was emaciated, feeble, and not able to go around; after the operation she gained rapidly in strength and vigor, and was able to attend to her daily vocations.	N. Y. Path. Soc.
23	Mary L. Webster.	..	M.	0	May 10, 1887.	do.	Both ovaries were enlarged, prolapsed and painful to the slightest touch. Each contained a forming blood cyst; endothelioma changing to hematomata; portions of both ovaries were in a state of myxomatous degeneration, some portions showing intense oophoritis; ova were all diseased and ruined, not a normal one in either ovary; salpingitis of the tubes.	do.	do.	Slight.	R.	The patient came with her mother to consult me, March 30, 1887; she was pale, emaciated, cachectic, and had apparently tuberculous consumption; she said she had constant pain on each side of the pelvis, severe, sharp, and lacerating, and that she had suffered for years.	N. Y. Path. Soc., May, 1887; Dec. 12, 1888; N. Y. Med. Jour., Sept. 28, 1889; Buff. Med. and Surg. Jour., Nov., 1892.
24	Mrs. Margaret Gunther.	..	M.	8	May 21, 1887.	do.	Left ovary enlarged into a blood cyst. Right ovary, cavernous angiomata; small lakes of blood, or endothelioma changed to hematomata. Other portions of the ovary were intensely inflamed.	do.	do.	Adhesions.	R.	The patient was emaciated, cachectic, and had all the appearance of phthisis; after the operation she was relieved of pain, gained flesh and strength, and was able to do the household work and washing for a family of eight persons; hernia was developed.	N. Y. Path. Soc., Sept., 1887; N. Y. Med. Jour., Sept. 28, 1889; N. Y. Med. Rec., Sept. 6, 1890; Buff. Med. Jour., Nov., 1892.
25	Mrs. B.	..	M.	3	May 20, 1887.	do.	Both ovaries enlarged, prolapsed, and extremely sensitive; the right, pear shaped, measured two inches in diameter, and both were filled with an endotheliomatous growth in a far-advanced stage; lakes of blood corpuscles; the ova in both ovaries were ruined.	do.	do.	do.	R.	Before the operation the patient complained of distress and cramps, and extreme pain in the pelvis; not able to be around; she made an excellent recovery, and wrote: "I am able to work and am entirely well."	N. Y. Med. Jour., Sept. 28, 1889; N. Y. Path. Soc.
26	Mrs. S.	..	M.	0	June 1, 1887.	do.	The uterine appendages were bound down in dense adhesions from repeated attacks of peritonitis. Pyosalpingitis and oophoritis.	do.	do.	Dense.	R.	The patient had been sick twenty years; after the operation her condition greatly improved.	do.
27	Mrs. V.	..	M.	3	June 2, 1887.	do.	Suppurative oophoritis and gyronia. The rest of the ovarian structure was in intense inflammation.	do.	do.	Adhesions.	R.	The patient was weak and feeble, and suffered with constant pain in the pelvis; after the operation she gave every indication of good health, both of body and mind. The patient made a good recovery.	do.
28	Mrs. E.	..	M.	0	June 10, 1887.	do.	Ovarian cystoma.	do.	Dr. A. M. Jacobus.	do.	R.	The patient complained of constant pain in the pelvis, sometimes agonizing; unable to perform any kind of labor; fourth day after the operation, pulse and temperature normal.	N. Y. Path. Soc., Sept. 28, 1887.
29	Miss H.	..	S.	0	June 20, 1887.	do.	Pyo-interstitial salpingitis. Tubes full of pus; adhesions so large and firm that many had to be ligated and cut. In the walls of the tubes and in the peritoneum were many miliary abscesses; ovaries in intense inflammation; large gyromatous cysts; walls waxy; no ova.	do.	do.	Very dense.	R.	The patient complained of constant pain in the pelvis, sometimes agonizing; unable to perform any kind of labor; fourth day after the operation, pulse and temperature normal.	do.
30	Mrs. T.	..	M.	0	July, 1887.	do.	Pyo-interstitial salpingitis. Ovaries enlarged, extremely sensitive, and with the adherent tubes dislocated low down behind a retroverted uterus; intense acute and subacute oophoritis; gyromatous formations; diseased ova.	do.	do.	Dense.	R.	The patient complained of constant pain and distress in the pelvis; was not able to be out of bed; pulse, 120; temperature, 100° F.; weighed seventy pounds; had indications of insanity, talked of self-destruction; after the operation her mental and nervous conditions improved.	N. Y. Med. Jour., May 10 and 17, 1890, case 11; Buff. Med. and Surg. Jour., Nov., 1892.
31	Mrs. Kate Helms.	..	M.	0	July 18, 1887.	do.	Pyo-interstitial salpingitis. The uterine appendages wrapped in a dense mass of adhesions, and adherent to the alimentary canal and to the appendix; tubes contained pus, and the pseudomembranous adhesions were in intense inflammation; in many places abscess formations; each ovary contained a blood cyst, fibroma, and waxy ova; diseased blood-vessels.	do.	Dr. Brush.	Very dense.	D.	The patient said she had suffered for nine years, and so much that she had often rolled on the floor in agony; the pus formations with the specific constitutional disease produced a septic condition of the system.	N. Y. Med. Jour., May 6, 1890, case 6.

32 Mrs. R.	M.	34	o	August 13, 1887.	The uterine appendages were wrapped in a dense mass of adhesions, and in the adhesions were many points of suppuration; tubes contained pus, closed at the frimbriated extremity, scarce a trace of the fimbria left; ovaries were in a state of acute inflammation and contained gyromatous formations, some of them waxy, some breaking down into endothelioma; there were no ova.	Removal of uterine appendages.	Dr. C. N. D. Jones.	Very dense.	R.	Constant distress, not able to attend to her daily duties; after the operation she was free from pain and able to work.	N. Y. Path. Soc.
33 Mrs. D.	M.	..	2	Sept. 5, 1887.	Pyo-interstitial salpingitis. The tubes closed and contained pus; muscle fibres of the wall reduced to inflammatory corpuscles, in many places approaching suppuration; miliary abscesses, especially near the periphery; ovaries enlarged, one the size of a goose egg, and each one contained a blood cyst. One formed part of the wall of an abscess cavity. Some of the bands of adhesions were $\frac{3}{4}$ inch wide; ova in colloid degeneration.	do.	do	do.	R.	Suffered constant pain and distress in the pelvis; not able to attend to her household duties; after the operation she was free from pain, and able to work; her health excellent.	N. Y. Path. Soc., Sept. 4, 1887; N. Y. Med. Jour., Sept. 28, 1889, case 7.
34 Hultine.	M.	..	2	August 10, 1887.	Dermoid cyst in the right ovary. Ovary tightly wedged deep into the pelvis, and bound on all sides by firm adhesions; the right tube size of a lemon, full of pus, all traces of fimbria gone, and adherent on all sides, especially by old dense adhesions to the posterior part of the uterus; a large blood cyst in left ovary; also bound to the uterus and to the pelvic wall by firm adhesions. The left tube enlarged as the right and filled with pus, and the tube firmly bound to the uterus and to the walls of the pelvis.	Removal of dermoid cyst.	do.	do.	R.	The patient said she had been sick for fifteen years; after the operation she regained her strength and was able to work; said she scrubbed and washed and so produced hernia.	N. Y. Path. Soc., Sept. 28, 1887.
35 Mrs. H.	M.	..	0	Sept. 5, 1887.	Pyo-interstitial salpingitis. Intense oöphoritis; inflammation of the left ovary approaching an abscess; in the right ovary, hematoma and intense inflammation; very few ova and these ruined by disease.	Removal of uterine appendages.	do.	Dense.	R.	Patient suffered, not able to do anything; after her operation she was free from pain, strong, and well.	
36 Mrs. J.	M.	..	2	Oct. 5, 1887.	The uterus in extreme retroversion, dragged down by enlarged ovaries so sensitive that the slightest touch gave distress, and increased pressure caused fainting and convulsions; intense oöphoritis, gyroma, waxy degeneration of the ova.	do.	do.	Slight.	R.	Patient made an excellent recovery, gained strength, and was able to work.	N. Y. Med. Jour., May 10 and 17, 1890, case 3.
37 Mrs. L.	M.	11 yrs.	0	Oct. 15, 1887.	Chronic salpingitis. The tubes and ovaries wrapped in a mass of dense adhesions. Some were 4 inches in length and $1\frac{1}{2}$ inches wide. Ovaries were atrophied to less than one-third their normal size; destruction of the ova; the menstrual periods ceased at the age of twenty-five.	do.	do.	Thick.	R.	The patient was emaciated and feeble, and complained of constant distress in the pelvis; after the operation she greatly improved in strength and vigor; left the hospital comfortable and in good condition.	N. Y. Path. Soc., Nov. 9, 1887.
38 Mrs. Rid- dinger.	M.	5 yrs.	2	Oct. 24, 1887.	Uterus retroflexed and retroverted. Ovaries enlarged, prolapsed, and extremely sensitive; one, size of a small orange, contained a blood cyst; the other contained a large endotheliomatous growth which extended to the periphery; there were few ova, and they were diseased.	do.	Dr. Willie Douglas.	Adhesions.	R.	Patient said she had been sick for six years, had constant pain in the pelvis, the distress increasing; after the operation she spoke of her improved condition, that she was well, able to work, and glad that she had had the operation.	N. Y. Med. Jour., Sept. 28, 1889, case 9.
39 Mrs. E.	M.	..	8	Oct. 24, 1887.	Pyo-interstitial salpingitis. Intense oöphoritis; ovaries enlarged, prolapsed below the fundus of the retroverted uterus.	do.	do.	Dense.	R.	The patient suffered with pain, weakness, and constant distress in the pelvis; since the operation she says her health has never been better.	
40 Mrs. B.	M.	..	0	Oct. 25, 1887.	Hematoma or blood cyst in each ovary. Intense oöphoritis; both ovaries bound in with adhesions; peritonitis; peritoneal salpingitis.	do.	do.	do.	R.	Patient suffered intense pain, was weak and emaciated; by the operation she was relieved of her suffering, and gradually gained health and strength.	
41 Margaret Fisher.	M.	..	3	Oct. 29, 1887.	Both ovaries enlarged, prolapsed, and exceedingly sensitive; tubes swollen to more than an inch in diameter, full of blood, and in a state of interstitial and catarrhal salpingitis; ovaries in intense inflammation, and contained fibromatous formations; ova diseased.	do.	Dr. C. N. D. Jones.	Adhesions.	R.	The patient said she had pain in the pelvis all the time, so severe that she could not attend to her household duties; after the operation she repeatedly spoke as to "how improved were her conditions," and "how glad she was that she had had the operation."	N. Y. Med. Jour., May 10 and 17, 1890 (?), case 2.
42 Mrs. E.	M.	28	2	Nov. 15, 1887.	Pyo-interstitial salpingitis. Ovaries in intense inflammation; tubes and ovaries in the midst of inflammatory adhesions, in some places forming abscesses; some adhesions $\frac{3}{4}$ inch wide.	do.	do.	Dense.		The patient complained of intense pain in the pelvis; she was sick and not able to work; after the operation she said she was free from pain, able to work, and had excellent health.	N. Y. Path. Soc.
43 Mrs. J.	M.	20 yrs.	1	Nov. 15, 1887.	Bleeding intramural myoma; weight, nine pounds. Chronic salpingitis, atrophy of the tubes; inflammation of the peritoneal membrane; oöphoritis; gyromatous formations; blood-vessels diseased; ova in waxy degeneration.	Hysterectomy.	.....	do.	R.	Patient had severe pain, was prostrated, weak, and incapable of any kind of labor; after operation she said she was better and more comfortable than she had been for twenty years.	N. Y. Path. Soc., Nov. 23, 1887; N. Y. Med. Jour., Aug. 25, 1888; Am. Jour. Obst., vol. cxxiii, No. 3, 1890.
44 Mrs. H.	M.	..	3	Nov. 19, 1887.	Peritonitis, salpingitis, and oöphoritis.	Removal of uterine appendages.	Dr. C. N. D. Jones.	Adhesions.	R.	Complained of pain in the pelvis, and not able to work; after the operation, patient said her health was restored.	
45 Mrs. H.	M.	..	0	Nov., 1887.	Uterus misplaced; tubes contained pus; ovaries enlarged, prolapsed, and in acute inflammation.	do.	do.	Dense.	R.	Patient suffered great distress; after the operation she had excellent health.	N. Y. Path. Soc.
46 Mrs. Hoff- man.	M.	..	0	Jan. 4, 1888.	Spleen considerably larger than the ninth month of pregnancy; abscess of the left kidney perforating into the left colon descendens; pus, granular, and waxy casts in the urine.	Splenectomy.	do.	Adhesions.	D.	The patient was extremely weak; the operation was only an effort to save her.	

Number.	Name	Age.	State.	Number of Children.	Date of Operation.	Place.	Pathological Conditions.	Operation.	Who Present.	Adhesions.	Results, Recovery or Death.	Remarks.	Where Reported.
47	Miss T.	...	S.	0	Jan. 10, 1887.	Home.	Salpingitis, oöphoritis, endothelioma for left side.	Removal of uterine appendages.	Dr. C. N. D. Jones.	Adhesions.	R.	Her condition was depreciating more and more her general health.	
48	Mrs. A.	...	M.	0	Jan. 19, 1888.	Woman's Hospital.	Pyo-interstitial salpingitis. Peritonitis; peritoneal abscess; tubes larger than the ovaries, and full of pus; abscess in the cortex of the left ovary; both ovaries in intense inflammation, and in many places approaching an abscess; ova broken up into medullary and colloid corpuscles.	Removal of uterine appendages.	.....	Dense.	R.	Patient suffered intense pain, not able to be out of her bed; after operation she was free from pain and health restored.	N. Y. Med. Jour., Sept. 28, 1889, case 5.
49	Mrs. E. c. hardt.	...	M.	3	Jan. 27, 1888.	do.	The uterus, tubes, and ovaries were bound in one solid mass six inches in diameter and fixed in the pelvis by dense adhesions; some portions of this mass gave evident fluctuation, which proved to be a large pelvic abscess and near by a number of smaller abscesses. The left tube measured ten inches in length, and some portions four inches in diameter, was bound by extensive and firm adhesions to the rectum and pelvic wall; ovaries were in intense acute inflammation; large portions of the normal structure destroyed by an endotheliomatous growth.	do.	Dr. C. N. D. Jones.	Very dense.	D.	Her whole system was septic from the large pus formation and the repeated attacks of suppurative peritonitis.	
50	Mrs. E.	...	M.	2	Feb. 2, 1888.	do.	Pyo-interstitial salpingitis. Peritoneal abscess, and an abscess in the cortex of the ovary; ovaries enlarged and prolapsed; intense oöphoritis; hamatoma, erythema, and waxy degeneration of the ova.	do.	.....	Slight.	R.	Patient relieved of distress, and able to attend to her daily duties.	
51	Mrs. H.	...	M.	0	Feb. 7, 1888.	do.	Intramural fibroid tumor, fourteen pounds, with sub-peritoneal fibroids weighing over seventeen pounds; right tube 10 inches long, 4 3/4 inches in circumference, and filled with bloody serum; left tube 5 inches long, and filled with pus; both ovaries in acute and sub-acute inflammation; ova ruined.	do.	Dr. C. N. D. Jones.	Dense.	R.	The patient was pale, feeble, and cachectic, not able to work, suffered so that she sometimes rolled on the floor in agony; after the operation she fully regained her health.	
52	Mrs. Hannah Strone.	40	M.	0	Feb. 16, 1888.	do.	Pyo-interstitial salpingitis and oöphoritis.	Panhysterectomy.	do.	Very dense.	R.	Patient said she had such constant torment that she felt she must kill herself; after operation, she was relieved of distress and was able to be up on the twelfth day.	N. Y. Path. Soc., N. Y. Med. Jour., Aug. 25 and Sept. 1, 1888; Ann. Gynæc. Am. Jour. of Obst., vol. xxxiii., No. 3, 1896.
53	Miss M.	...	S.	0	March 7, 1888.	do.	Salpingitis. Endothelioma of the ovary extending to the periphery; a forming hamatoma; no ova.	Removal of uterine appendages.	do.	Adhesions.	R.	After the operation she was free from pain and able to work.	Pittsburg Medical Review, Oct., 1889, case 1.
54	Mrs. U.	...	M.	0	March 7, 1888.	do.	Cancer on the floor of the pelvis. The uterus and appendages fixed by adhesions on the extreme right; tubes and ovaries chronically diseased, and now infiltrated with cancer.	Removal of cancer and uterine appendages.	do.	Dense.	R.	Patient suffered intensely; after operation free from pain and regained her health.	
55	Mrs. Miller.	...	M.	2	March 19, 1888.	do.	Salpingitis and oöphoritis, with myxomatous degeneration of the ovary; no ova.	Removal of uterine appendages.	do.	do.	R.	The patient made an excellent recovery from the operation, but at the end of thirteen months there was a return of the malignant disease.	Pitt Med. Rev., Oct., 1889; N. Y. Med. Rec., March 11, 1890, case 2.
56	Miss B.	...	S.	0	March 28, 1888.	do.	The left tube was enlarged to a blood cyst, size of an orange, adherent to the retroverted and retroflexed uterus, and to its accompanying ovary, and to the walls of the pelvis.	Removal of blood cyst.	do.	Adhesions.	R.	The patient suffered intensely, not able to attend to daily duties; after operation she regained her health.	
57	Mrs. Hoch.	...	M.	9	March 28, 1888.	do.	Uterus in extreme retroversion; in front of it, and adherent to the pelvis, was a large sensitive mass three inches in diameter, which proved to be a growing ovarian cyst; it was the right ovary. The left ovary was low down in Douglas' cul-de-sac, in a state of acute and subacute inflammation; the ova of both ovaries were diseased and ruined; suppurative salpingitis of the mucosa and interstitial salpingitis of the tube wall.	Removal of uterine appendages.	do.	Dense.	R.	The patient was weak, prostrated, and in great distress; the pains in the back and pelvis were increasing and unbearable; she was able to leave the hospital in three weeks, relieved of distress, and since has been perfectly well.	
58	Miss Emma Memmen.	...	S.	0	May 24, 1888.	do.	Pyo-interstitial salpingitis. Peritonitis, oöphoritis.	Removal of uterine appendages.	do.	Adhesions.	R.	Before the operation the patient wrote: "In five years I have not had a well day, and the pain makes me so weak I cannot work." After the operation she was able to work, and wrote: "I am glad the diseased ovaries are removed."	N. Y. Path. Soc., April 25, 1888; Pitt Med. Rev., Oct., 1889, case 7; N. Y. Med. Jour., May 10 and 17, 1890, case 9.
59	Mrs. L.	...	M.	0	May 24, 1888.	do.	The uterus was retroflexed and retroverted, and bound down by firm adhesions and by adherent uterine appendages. The right ovary, in intense inflammation; it with the tube formed part of the wall of an abscess which extended into the adjoining pelvic aponeurosis; salpingitis; repeated attacks of peritonitis; the ova were ruined.	do.	do.	do.	R.	The patient was an invalid for many years from diseased uterine appendages; after their removal she had excellent health and was able to attend to her household duties.	
60	Mrs. Ofeldt.	...	M.	7	May 28, 1888.	do.	The uterus was retroverted and retroverted, and bound down by firm adhesions and by adherent uterine appendages. The right ovary, in intense inflammation; it with the tube formed part of the wall of an abscess which extended into the adjoining pelvic aponeurosis; salpingitis; repeated attacks of peritonitis; the ova were ruined.	do.	do.	do.	R.	The patient said she had constant distress; that her sufferings were so great she could not stand it; after the operation she was relieved from pain and gradually regained her strength and vigor.	Pitt Med. Rev., Oct., 1889, case 3.

61	Miss A Memmen.	S.	o June, 1888	Woman's Hospital.	Interstital salpingitis. Abscess in the wall of the tube; ovaries in intense inflammation, and contained an endotheliomatous growth; in many sections of the right ovary no ova were found; in the left ovary, the ova were waxy and contained medullary corpuscles.	Removal of uterine appendages.	Dr. C. N. D. Jones.	Adhesions.	R.	Before the operation she said her life was a misery; after the operation she seemed to be in excellent health, and wrote, July 1, 1888: "I am very thankful that the diseased organs are removed."
62	Mrs. Schultz.	M.	o June 4, 1888.	do.	Intraligamentous cyst, 9 to 12 inches in diameter, occupying the centre of the abdomen; uterus pushed far to the right, and to it attached this cyst by firm fibrous adhesions; chronic peritonitis; tubes and ovaries gave evidence of long existing disease and repeated attacks of inflammation.	Removal of intraligamentous cyst.	do.	do.	R.	The patient said she had been sick for many years, the last five incapable of any kind of employment; said the tumor was increasing in size, and her health failing more and more; fifth day after the operation, pulse and temperature normal; patient up the tenth day.
63	Mrs. Sarah Bates.	M. 26 yrs.	o June, 29, 1888.	do.	Pyo-interstitial salpingitis. Uterus retroverted and fixed by a dense mass of inflammatory adhesions. From long existing disease, and repeated attacks of peritonitis, the ovaries and tubes were buried in firm, thick, well-organized adhesions. The left uterine appendages were especially enlarged and formed a tumor size of an orange; right so completely covered that they could not be removed.	Removal of uterine appendages on one side.	do.	Dense.	D.	Patient said she had been married twenty-six years, had been an invalid for more than twenty years; constant and severe pain in the pelvis rendered life a misery. She said she was unable to work, and that the marital relations were most distressing.
64	Miss M.	35 S.	o June 27, 1888.	do.	Intense pyo-interstitial salpingitis, terminating in atrophy of the tube wall; uterus acutely anteverted and retroverted; both ovaries and tubes were found bound down by dense adhesions, and forming with the pelvic wall on the left side an abscess. The opening into the wall of the left ovary by an abscess was 1 1/4 inches in diameter; the ova were scanty, and those found were broken up in medullary corpuscles.	Removal of uterine appendages.	do.	do.	R.	The patient said she had suffered for years with intense soreness and burning in the pelvis, that rendered her unfit for the active duties of life; she made a rapid recovery from the operation, and subsequently was in enjoyment of excellent health.
65	Mrs. L.	39 M.	8 June 28, 1888.	do.	Interstital salpingitis. Ovaries enlarged, prolapsed, and exceedingly tender; both ovaries and tubes wrapped by endotheliomatous growths; hematoma, destroyed by endotheliomatous growths; hematoma, gyromatous cysts; the ova in waxy degeneration.	do.	do.	Adhesions.	R.	The patient said she suffered with such pain in the pelvis that she could not attend to her household duties; she made an excellent recovery and repeatedly expressed her thanks that she was relieved of suffering and distress.
66	Mrs. R.	27 M. 6 yrs.	o July 18, 1888.	do.	Uterus in extreme retroversion, held down by large diseased and adherent ovaries, the slightest touch giving pain and causing nausea; ovaries were in intense inflammation, and contained large gyromatous cysts and waxy ova; salpingitis.	do.	do.	do.	R.	Patient said her whole married life was a period of invalidism, not able to walk or be out of bed. The husband wrote, May 9, 1889: "I believe the operation and treatment have saved my wife's life," "she enjoys better health than at any time since marriage."
67	Miss H.	35 S.	o July 19, 1888.	do.	Almost the entire left ovary was converted into and bordered on an abscess cavity, the walls of which cavity were completed by the floor of the pelvis; right ovary in myxomatous degeneration; both ovaries and tubes bound in with adhesions; salpingitis; ova in waxy and fatty degeneration.	do.	do.	do.	R.	Patient said she had constant pain, burning heat, and bearing down in the pelvis; that at times she was not able to walk, and could not even draw a long breath without causing her pain and distress; she made an excellent recovery, and was entirely relieved of the old pain and suffering.
68	Mrs. Bruggeman.	M. 47 yrs.	o August 2, 1888.	do.	Intramural myoma, subperitoneal fibroids. The patient was apparently doing well, and everything seemed satisfactory, when some hours afterward the heart's action became irregular; the patient had for eight years suffered with heart disease; her husband said, "sometimes she could hardly breathe."	Hysterectomy.	do.	Dense.	D.	An acute attack of peritonitis. The patient had had uterine tumors for years, but suffered only the last few months, after she had had electrical treatment.
69	Mrs. C.	26 M.	o Sept. 22, 1888.	do.	Pyosalpingitis. The anteverted uterus fixed on the right by dense adhesions, which adhesions covered in the right tube and ovary, and enclosed a large abscess cavity filled with pus; destruction of the ova.	Removal of uterine appendages.	do.	do.	R.	The patient said she had constant pain and distress in the pelvis, so severe that she had to go bent over and not able to attend to her household duties; after the operation she was relieved of pain and was strong and vigorous.
70	Mrs. W.	45 M.	8 Sept. 29, 1888.	do.	Uterus fixed on the right by repeated attacks of peritonitis; right ovary enlarged by fibroid growths; left ovary, acute and subacute oöphoritis, chronic salpingitis.	do.	do.	do.	R.	The patient had been sick nine years; was pale, feeble, and emaciated; she had constant distress in the pelvis; after the operation she was relieved of pain and regained her health and vigor.
71	Mrs. S.	M.	1 Nov. 20, 1888.	do.	Pyo-interstitial salpingitis. Oophoritis; much of the ovarian tissue destroyed by endometrioma and gyroma.	do.	do.	Adhesions.	R.	Patient said she suffered most distressing pain, so incessant that she could not attend to her daily duties.
72	Mrs. A.	M.	o Nov., 1888	do.	Pyosalpingitis. Uterus anteverted and retroverted; ovaries enlarged and prolapsed; in each were endotheliomatous growths and gyromatous cysts; ova in waxy and colloid degeneration.	do.	do.	do.	R.	Patient made an excellent recovery, was free from pain, and able to work.
73	Miss W.	S.	o Nov., 1888	do.	Both ovaries enlarged to blood cyst from endotheliomatous growths.	do.	do.	do.	R.	The patient was feeble, emaciated, and cachectic; said she had been sick for more than a dozen years and continued to grow worse; she made an excellent recovery, and subsequently wrote that she was regaining her health, strength, and flesh.
74	Miss C.	S.	o Nov., 1888	do.	Bleeding intramural myoma, as large as a fetus at the fourth month, and several small subperitoneal fibroids. Ovaries and tubes in chronic inflammation.	do.	do.	do.	R.	The patient said she had been an invalid for many years, and was exhausted by repeated uterine hemorrhages; she made an excellent recovery, and has since written that she "is in excellent health."

Pitt. Med. Rev., Oct., 1889, case 1.

Pitt. Med. Rev., Oct., 1889, case 8; N. Y. Med. Jour., May 10 and 17, 1890, case 4.

Pitt. Med. Rev., Oct., 1889, case 6.

N. Y. Path. Soc.

Pitt. Med. Rev., Oct., 1889, case 5.

N. Y. Path. Soc., Sept. 9, 1887, Dec. 12, 1888; N. Y. Med. Jour., Sept. 28, 1889, case 7; Buff. Med. and Surg. Jour., Nov., 1892; N. Y. Med. Jour., May 10 and 17, 1890.

Number.	Name.	Age.	State.	Number of Children.	Date of Operation.	Place.	Pathological Conditions.	Operation.	Who Present.	Adhesions.	Result, Recovery or Death.	Remarks.	Where Reported.
75	Mary Garron.	23	S.	0	Dec. 13, 1888.	Woman's Hospital.	Pyo-interstitial salpingitis. Peritonitis; one ovary enlarged into a blood cyst the size of an orange, and covered with inflammatory adhesions; the ovary on the opposite side not so large, but gave equal indication of disease, and with its corresponding tubes bound in dense adhesions; in many sections there were no ova, and those found were diseased. Salpingitis and commencing cystoma.	Removal of uterine appendages.	Dr. C. N. D. Jones.	Adhesions.	R.	Complained of constant and distressing pain in the pelvis; after operation she was relieved of pain, able to work, and the epileptic attacks were less frequent.	Med. and Surg. Rep., Phila., May 27, 1893.
76	Miss M. S. (Colored.)	...	M.	0	Jan. 5, 1889.	do.	Interstitial salpingitis. Intense oöphoritis; abscess; in many sections no ova; those found were ruined.	do.	do.	do.	R.	By the operation the patient was restored to health.	
77	Miss M.	...	S.	0	Jan. 20, 1889.	do.	Salpingitis. Hamatoma; oöphoritis; diseased ova.	do.	do.	do.	R.	The patient suffered so much that she could not attend to her duties; she was anxious to have the operation and was relieved by it.	
78	Miss H.	28	S.	1	Jan., 1889.	do.	Salpingitis. Hamatoma; oöphoritis; diseased ova.	do.	do.	do.	R.	Constant pain in the pelvis so she could not attend to her duties; after the operation, free from pain and able to work.	
79	Mrs. H.	...	M.	0	Jan., 1889.	do.	Misplaced and diseased ovaries.	do.	do.	do.	R.	The patient made an excellent recovery and regained her health and strength.	
80	Miss W.	...	S.	0	Jan., 1889.	do.	Interstitial salpingitis. Oöphoritis; gyroma; waxy blood-vessels; no ova; colloid corpuscles in the cortex.	do.	do.	do.	R.	Patient suffered constant pain and distress, not able to attend to her duties; after operation, relieved of pain, and when last heard from was still improving.	
81	Mrs. S.	...	M.	1	Jan., 1889.	do.	Chronic pyosalpingitis. Peritonitis; both ovaries enlarged and prolapsed, one giving evident fluctuation and containing an abscess.	do.	do.	do.	R.	The patient complained of great distress and suffering, of which she was relieved by the operation.	
82	Mrs. Sophia S.	...	M.	0	Jan. 24, 1889.	...	Abscess in one ovary. In both fibromatous formations and oöphoritis; no ova found; chronic salpingitis.	do.	do.	Dense.	R.	The patient said for years she had pain in the region of the ovaries, and constantly such distress that she did not feel able to walk or perform her household duties.	N. Y. Med. Jour., May 10 and 17, 1890.
83	Lizzie H.	...	S.	0	Feb., 1889.	Woman's Hospital.	Pyo-interstitial salpingitis. Uterus anteverted and retroverted; ovaries enlarged and prolapsed and in a state of intense inflammation.	do.	do.	Adhesions.	R.	The patient said she had constantly cutting pains in the pelvis, sometimes would fall down in agony; after the operation she was relieved of pain and expressed herself frequently as to her improved condition.	
84	Mrs. A. H.	...	M.	1	Feb. 18, 1889.	do.	Pyo-interstitial salpingitis; oöphoritis.	do.	do.	do.	R.	Complained of constant and severe pain in the pelvis; said by the operation she was relieved.	
85	Mrs. B.	...	M.	0	Feb., 1889.	do.	Interstitial salpingitis. Acute and subacute oöphoritis; ova in waxy degeneration.	do.	do.	do.	R.	By the operation she was relieved of distress and pain.	
86	Mrs. Ida L. Hunt.	...	M.	1	Feb. 23, 1889.	do.	On the left the ovary enlarged to a blood cyst the size of a small coconut and exceedingly tender; the tubes in a state of chronic salpingitis, and each one adherent to its corresponding ovary.	Removal of blood cyst.	do.	do.	D.	The patient said: "I suffered terribly, and got worse all the time; I have constant distress and severe soreness in the pelvis."	
87	Mrs. F.	...	M.	0	March, 1889.	do.	Salpingitis. Intense oöphoritis; in each ovary endometrial growths and fibroma; ova in waxy and colloid degeneration.	Removal of uterine appendages.	do.	do.	R.	Patient said she had been sick for five years; after operation she was well and entirely relieved of pain.	
88	Miss S.	...	S.	0	March 25, 1889.	do.	Much of the ovarian tissue was destroyed by an endometrial growth; the ova were ruined; salpingitis.	do.	do.	do.	R.	Patient said for five or six years she had suffered severe pain, and was not able to work; after operation she was well and able to work.	
89	Mrs. N.	...	M.	0	...	...	Ovarian cystoma, which contained about sixty pounds of fluid.	Ovariectomy.	do.	Slight.	R.	The patient said: "I have been a great sufferer for six or seven years. I am well now and feel first-rate."	
90	Mrs. S.	40	M.	0	Jan. 15, 1889.	Woman's Hospital.	Bleeding intramural myoma. Suppurative interstitial salpingitis; forming abscesses in the walls of the tubes; intense oöphoritis, approaching an abscess; peritonitis; in many sections, no ova; the few found were diseased and ruined.	Removal of uterine appendages.	do.	Dense.	R.	Patient was weak and prostrated from continuous hemorrhages; said that for eight years she had suffered intense pain; said October 17, 1889, that she had never felt so well as she had since the operation.	
91	Emma.	...	M.	2	...	do.	Pyosalpingitis. Oöphoritis; much of the ovarian structure destroyed by endometrial and fibromatous formations.	do.	do.	Adhesions.	R.	The patient said: "Before I went to the hospital I had great pain, could not walk, nor was I able to work; now I have no pain, can walk, and attend to my daily duties."	
92	Mrs. K.	...	M.	0	July 10, 1889.	do.	Tubes 8 inches in length, $1\frac{1}{2}$ inches in diameter and full of pus; ovaries converted into blood cyst and bound in with adhesions, wedged down deep into the pelvic cavity.	do.	do.	Dense.	R.	The patient suffered from great and constant pain.	
93	Mrs. M.	...	M.	0	...	do.	Intramural myoma. Salpingitis; oöphoritis; suppurating endometrial; large abscesses in the pelvis.	Hysterectomy.	Dr. H. C. Coe, C. N. D. Frey, and O. T. Morris.	do.	D.		
94	Mrs. G.	...	M.	0	...	Her home.	The left ovary size of an orange, containing a blood cyst; the right in intense inflammation, and much of its structure destroyed by an endometrial, changing to angioma; pyosalpingitis of the tube in some places, miliary abscesses in the walls; no ova were found.	Removal of uterine appendages.	Dr. R. T. Morris, S. F. Currier, C. N. D. Jones.	do.	R.	For years the patient had complained, and had been under long-continued treatment without benefit; after the operation her health greatly improved.	

any part; and invariably I have found destruction of the ova.

Removal of the uterine appendages for internal myoma, four cases. All made a good recovery. Lawson Tait says¹ that the cases in which he has removed the uterine appendages for myoma were twenty-five in number, with four deaths; and one death in an incomplete operation, making in all five deaths.

Hysterectomy for myoma of the uterus, four cases. The first total hysterectomy ever performed in this country for myoma was Case No. 52.² The tumor weighed fourteen pounds after its removal. The patient was able to be up on the twelfth or thirteenth day, and she suffered infinitely less than if the pedicle had been treated intraperitoneally or extraperitoneally. Dr. T. A. Emmet says:³ "To remove the uterus when enormously enlarged by a fibroid tumor is unquestionably one of the most formidable operations a surgeon can be called upon to undertake." Dr. Lawson Tait says:⁴ "Hysterectomy for fibroid is the most ghastly, serious, and difficult operation in the whole realm of abdominal surgery." Dr. C. D. Palmer says:⁵ "There are no operations within the domain of surgery more grave;" "the dangers to be encountered are the greatest within the range of pelvic surgery."

By entire hysterectomy the operation is relieved of many of its difficulties, and especially is free from the many dangers of the pedicle treated intra or extra peritoneally.

In this list there were adhesions in eighty cases. Dr. Joseph Price says:⁶ "Adhesions constitute the surgeon's greatest difficulty." Sir Spencer Wells said, January 4, 1862, that he looked upon pelvic adhesions as one of the most serious indications against ovariectomy. Dr. Peaslee said:⁷ "Adhesions compromise the result of ovariectomy." Erichsen said:⁸ "They undoubtedly are a serious obstacle to the success of an operation."

In a few of my patients hernia developed subsequently to the operation, but in every instance this was in hard-working women, who after leaving the hospital commenced at once their heavy labors. One, No. 24, did the household work and washing for a family of eight persons, and sometimes took in the washing for a boat's crew. If these women had taken one-tenth of the care and precaution that a certain physician did after undergoing laparotomy for appendicitis they would have been in no danger of hernia.

Dr. Bantock says:⁹ "Cases of hernia after ovariectomy are by no means rare." Joseph Price says:¹⁰ "Herniæ cannot always be avoided, even by the most careful. They are, therefore, excluded from the avoidable sequelæ."

Many or most of the operations mentioned in this list were so dangerous that I often marvelled that the patients did so well or made so rapid a recovery. At the same time I am infinitely grieved that any patient under my care died subsequently to operation; but in every instance of a fatal termination there were indications that even without the operation there would soon have been the same result. Some of the cases were undertaken as a forlorn hope. Case No. 49 was one of a large pelvic abscess and abscesses all through the peritoneum; the case was fatal before it

was touched, as was also the case of the colored woman (No. 12),¹ who was brought to the hospital with septic peritonitis. Equally fatal beforehand was the case of splenectomy (No. 46). Dr. Charles Heitzmann said, before the operation, from his examination of the urine, that "there is an abscess in one kidney, which abscess opens into the descending colon." Besides, the spleen gave evidence of malignancy. It was foully diseased in every part. Even under the most favorable circumstances removing the spleen is a very dangerous operation. In 1886 there had been in Great Britain twelve splenectomies, and they were all fatal; T. Bryant, of Guy's Hospital, had two subjects, both of whom died from the operation; and Billroth, in Vienna, had performed the operation thrice, each time with a fatal result. The first successful case in Great Britain was that of J. Knowsley Thornton.² The patient was a girl, nineteen years old; the spleen weighed one pound eleven ounces—so small that Dr. Thornton supposed it was the left kidney. The spleen of my patient weighed nearly eighteen pounds, and enlarged the abdomen to enormous proportions. There was not the least chance for the patient; but she begged to have the operation performed, hoping that in this last resort she might find relief. As Dr. John Homans³ says: "A surgeon is bound at times to operate in cases in which he can give but little hope of a favorable result."

All three of these cases might be called "exploratory incisions." Now, if I should, as some have done, give only my "completed operations," this would take off Mrs. Bates, Mrs. E—, and Mrs. Bruggeman, and my mortality would thereby be reduced to about 2.5 or 3 per cent. Then, on the same principle I could exclude one or two cases that died in consequence of specific constitutional disease, which is foreign to the operation and is far more formidable than acute sepsis. Acute sepsis may be relieved by full action of the bowels, but the freest evacuations have no effect upon this chronic mysterious poison. I believe this specific constitutional disease, syphilis, has been the hidden enemy that has increased the death rate of many a surgeon.

In Case No. 86 the patient had a blood cyst, but it was not so dangerous or so complicated as were the blood cysts of patients Nos. 10, 90, and 94; nor was this patient in so weak, dangerous, or precarious a condition as were many patients in this list; and in no respect was it half so difficult, half so serious or dangerous an operation as were Nos. 29, 34, 52, and many others, or even Nos. 83, 84, and 85, who happened to be in the hospital the same time. All these patients made a good recovery, and had subsequently excellent health; but No. 86 had the specific constitutional disease, and though everything was done, every care and precaution known to the best surgeons in this country or in Europe were taken, and though her physicians were with her night and day, studying and doing everything for her recovery, yet she succumbed—died on the sixth day of some kind of blood poisoning. I do not believe any proposed preparation or procedure could have saved her. Her death was, I believe, entirely due to this mysterious blood poison, this specific constitutional taint of syphilis.

Though there were losses, yet by the various opera-

¹ New England Medical Monthly, May 18, 1882, p. 336.

² Annals of Gynecology and Pædiatry, June, 1895, p. 573. Monatschrift für Geburtshilfe und Gynäk. New York Academy of Medicine, section for gynecology and obstetrics, March 28, 1895.

³ Principles and Practice of Gynecology, 1884.

⁴ American Journal of Obstetrics, May, 1886, p. 486.

⁵ Transactions of American Gynecological Society, 1880, p. 361.

⁶ Annals of Gynecology, August, 1888, p. 498.

⁷ Peaslee, p. 346.

⁸ Lancet, January, 1865.

⁹ British Medical Journal, July, 1880.

¹⁰ Medical News, May 31, 1890, p. 602.

¹ This case was very similar to the one presented by Prof. W. T. Lusk before the New York Obstetrical Society, October 21, 1879—general peritonitis, oöphoritis, abscesses. Dr. Lusk did not do an operation, but the patient died just the same. As Dr. Noeggerath wisely said: "The primary disease was a double salpingitis." So the primary disease in my case was a double salpingitis.

² Medico-Chirurgical Transactions, 1886, page 408. Transactions of Royal Medico-Chirurgical Society, new series, vols. i. and ii., p. 103.

³ Boston Medical and Surgical Journal, January 20, 1881, p. 50.

tions in this list many valuable lives were saved; many patients were restored to health who would otherwise have been hopelessly lost. Dr. L. S. Pilcher wrote in 1892 a paper on "The Ultimate Results of Operations for Removal of the Uterine Appendages," referring to the possible "persistence of pain," the possible development of "hernia," of "fæcal and urinary fistula," and the possible sequelæ of "mental disturbances."

None of these sequelæ need follow. In cases in which the conditions demand an operation, there is usually an entire relief of the pain; and in no instance have I seen an operation followed by mental disturbances, when similar mental disturbances or abnormal mental conditions did not previously exist, and in a more exaggerated form or degree. So in proper cases I am prepared to assert that "the ultimate results of

the removal of the uterine appendages" are: *Many lives are saved and countless numbers are redeemed from helpless invalidism.* Many who do not recover would probably soon die from existing causes. Prof. William T. Lusk said:¹ "The operation of removing the uterine appendages has been the means of liberating many women from persistent suffering, and has perhaps saved many others from death." Dr. Joseph Eastman says:² "Some argue that the operation is being done too often. My limited experience induces me to believe that where the uterine appendages have been unnecessarily removed once, ten women have gone down to the grave whose lives could have been saved by timely removal of the uterine appendages."

¹ New York Academy of Medicine, March 6, 1890. ² Ibid.

